

Foster Family Home - Corrective Action Report

Provider ID: 5-170062

Home Name: Mylene Battulayan, CNA

Review ID: 5-170062-2

4185 Mano Street

Reviewer: David Ayling

Lihue

HI 96766

Begin Date: 10/17/2018

End Date: 10/17/18

Foster Family Home

Required Certificate

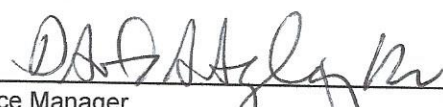
[17-1454-6]


6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person CCFFH recertification review made on 10/17/18.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 year 2 bed certification.


Compliance Manager


Primary Care Giver


Date


Date